PTO/SB/17 (01-06)

\$425.00

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Fees pursuant to the Change of Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006				Complete if Known				
			18).	Application Number 09/819,561				
			- [Filing Date March 27, 2001				
				First Named Inve	ntor Lar	Larry L. Hood		
				Examiner Name	Dav	David M. Shay		
Applicant claims small entity status. See 37 CFR 1.27			—[·	Art Unit	373	3735		
TOTAL AMOUNT OF PAYME	ENT (S	425.00		Attorney Docket	No. 155	694-0054(P0	04X2CX)	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 09-0946 Deposit Account Name: Irell & Manella LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING	FEES S Small Entity		H FEES Small Entity		ATION FEES Small Entity		
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150 5	500	250	200	100		
Design	200	100 1	100	50	130	65		
Plant	200	100 3	300	150	160	80		
Reissue	300	150 5	500	250	600	300		
Provisional	200	100	٥	Λ	٥	0		

Provisional	200	100		U	U	U	U	
2. EXCESS CLAIM F	FFS							Small Entity
Fee Description	LLO						<u>Fee (\$)</u>	Fee (\$)
Each claim over 20	(including	Reissues)				50	25
Each independent of				s)			200	100
Multiple dependent		(1110100		-,			360	180
Total Claims	Extra Cla	ime	Fee (\$)	Fee P	aid (\$)		Multiple De	ependent Claims
- 20 or HP		<u> </u>	100 (4)	<u> </u>	414 147		Fee (\$)	Fee Paid (\$)
HP = highest number of to		for, if great	er than 20.		 		- 00 147	<u> </u>
Indep. Claims	Extra Cla		Fee (\$)	Fee Pa	aid (\$)			
- 3 or HP =		x	=	:				
HP = highest number of inc	dependent dai	ns paid for,	if greater that	n 3.				
3. APPLICATION SIZ	E FEE							

Other (e.g., late filing surcharge): RCE/1 Mo. Extension of Time

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY			
Signature	Babak Redji	Registration No. (Attorney/Agent) 42,096	Telephone (949) 760-0991
Name (Print/Type)	Susan M. Languarthy BABAK	REDTALAN	Date April 7, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. including gathering, preparing, and submitting the completed application for the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.